

Name
in
Full

CERTIFICATE OF DEATH

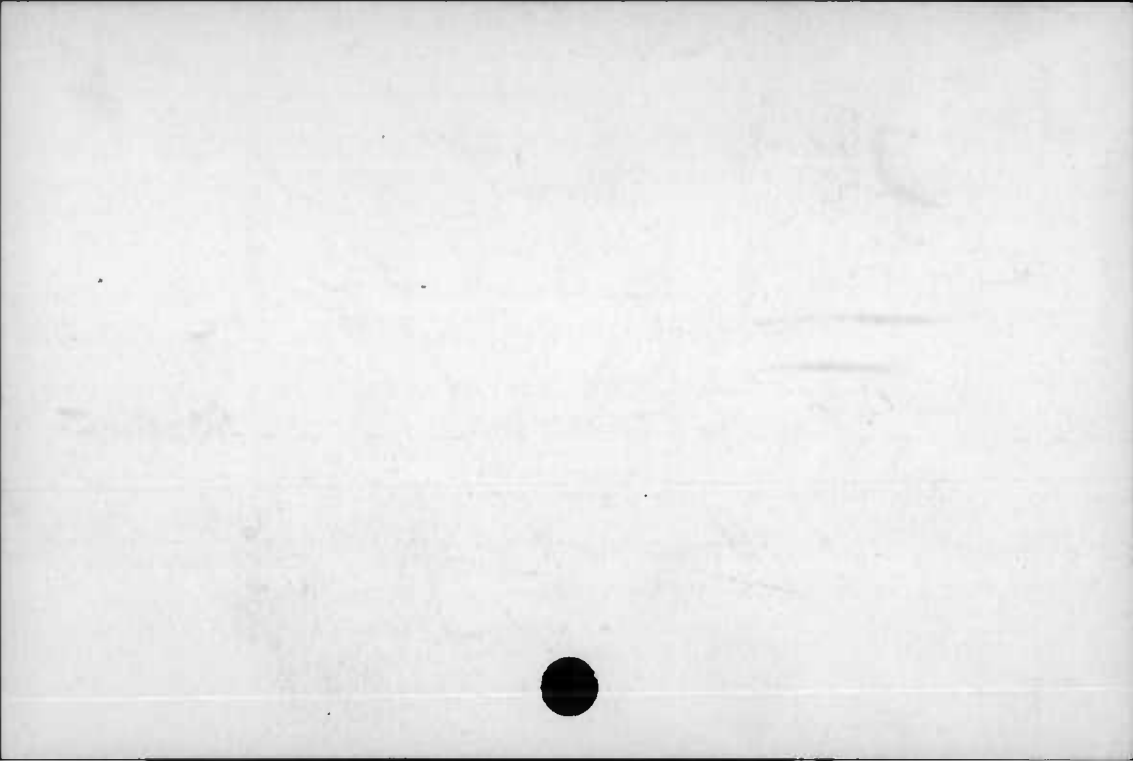
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deal Island</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907 Jan 7</i>		Age <i>74</i>		Months <i>—</i> Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>Negro</i>	Birth-place <i>Virginia</i>			
Occupation <i>Porter</i>		Where Residing if not at place of death <i>Deal Island</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Elizabeth Barclay</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Mary Jones</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Geo. W. Barclay</i>	How long <i>6 months</i>
Immediate <i>Senile Debility</i>	How long <i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	
Signature of Physician <i>H. G. Alexander</i>	
Address <i>Somerset Co.</i>	
Accident or Suicide? <i>—</i>	



Name
In
Full

Lottie Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Pr Anne</i> Town		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>7</i>	Age <i>21</i>	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>ind</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <i>Geo Brown</i>	Father's Birthplace <i>Princess Anne</i>				
Mother's Maiden Name <i>Coroline Brown</i>	Mother's Birthplace <i>Princess Anne</i>				
Name of person giving information <i>A. B. Brown</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>8 or 10 m</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Smith (not in attendance)</i>
<i>Over</i>	Address <i>Pr Anne ind</i>
Accident or Suicide?	

This certificate is o.k.
to the best of my knowledge
& belief -

D. J. Sumell
Health Officer
Tomball Co.,
Tex.

Name
in
Full

CERTIFICATE OF DEATH

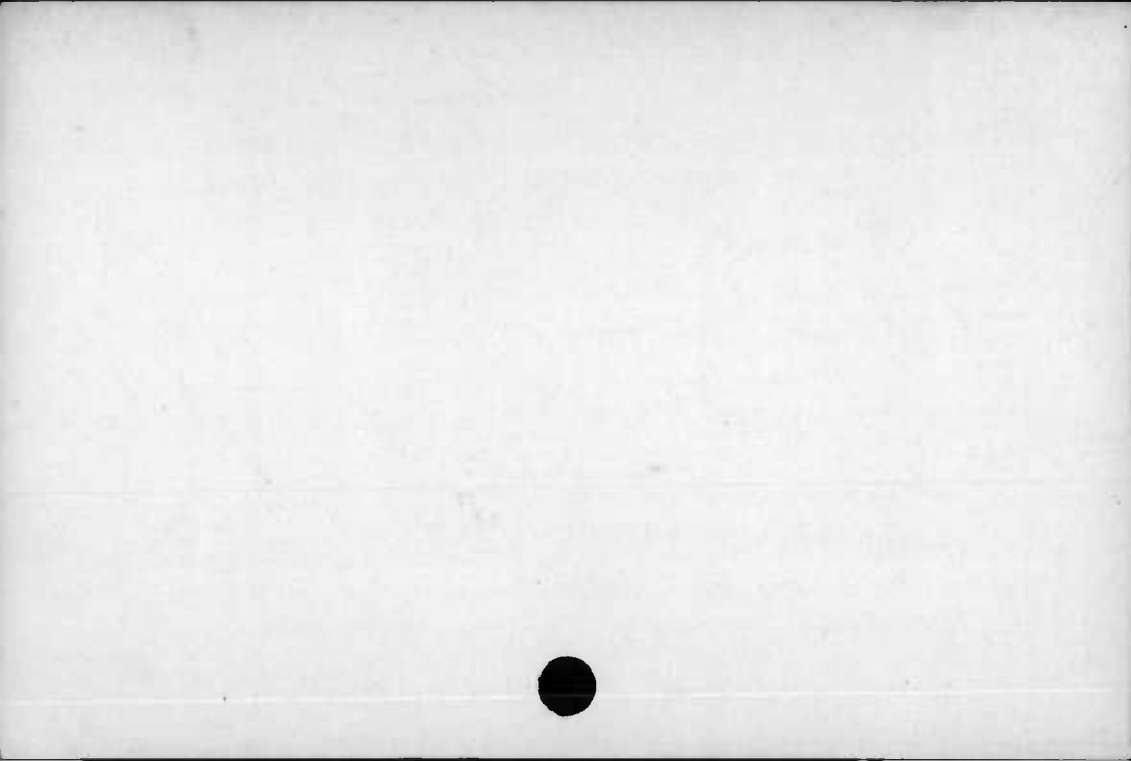
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		July	9	87		10	
Sex	Male	Color or Race	White	Birth-place		Watts L. Va	
Occupation	Retired Farmer			Where Residing if not - at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
L Mary E Coulbourn (deceased)							
Father's Name	Isaac H. Coulbourn			Father's Birthplace		Md	
Mother's Maiden Name	Leah Parker			Mother's Birthplace		Watts Island Va	
Name of person giving information	Mr Ding Cochran			How related to deceased		Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dry Gangrene of right foot		How long	13 months
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	W. F. Hall
			Address	Orisfield Md
Accident or Suicide?				



Name
in
Full

Bertha Daniel

CERTIFICATE OF DEATH

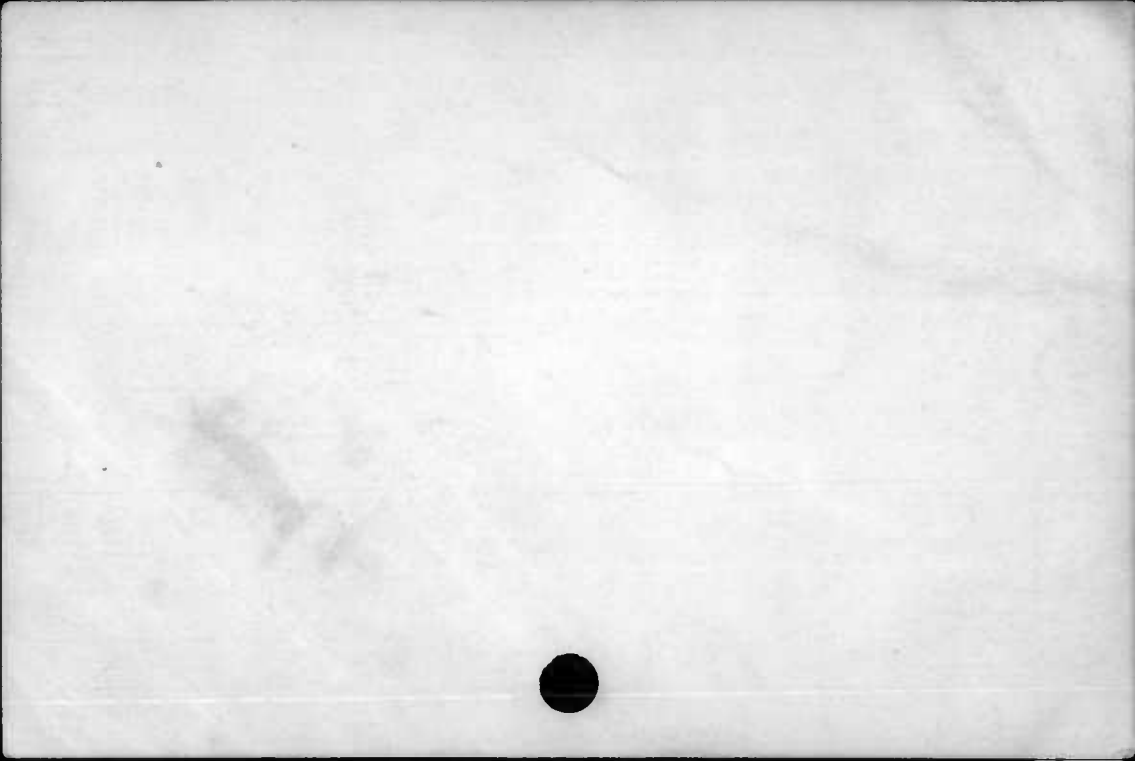
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Marion</u> Town			County <u>Somerset</u>			MARYLAND	
Date of death <u>1907</u>	Month <u>1</u>	Day <u>20</u>	Age <u>20</u>	Years <u>20</u>	Months <u>10</u>	Days <u>11</u>	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Marion</u>			
Occupation <u>House work</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Robt. Daniel</u>					
Father's Name <u>Edgar Dixon</u>				Father's Birthplace <u>Somerset Co.</u>			
Mother's Maiden Name <u>Relia Kane</u>				Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Robt Daniel</u>				How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>2 or 3 mos.</u>
Immediate <u>General Weakness & Exhaustion</u>	How long covered a period <u>7 or 8 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. B. Allen M.D.</u>
	Address <u>Marion Station</u>
	<u>Maryland</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William R. Davis.

Town *Crisfield, Md.* County *Sonseset* MARYLAND

Died at *Crisfield, Md.*

Date of death 190*7* Month *Jan* Day *15* Age *36* Years *Don't know*

Sex *Male* Color or Race *White* Birth-place *Crisfield, Md.*

Occupation *Matron* Where Residing if not at place of death *Crisfield, Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Don't know*

Father's Name *John Davis Sr.* Father's Birthplace *Crisfield, Md.*

Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*

Name of person giving information *Geo Davis* How related to deceased *Brother.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Sacromphorabdom lymph glands / 8 mos*

Immediate *Sarcoma. Asthenia*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm H. Coulbourne*

Address *Crisfield, Md.*

Accident or Suicide? *No*



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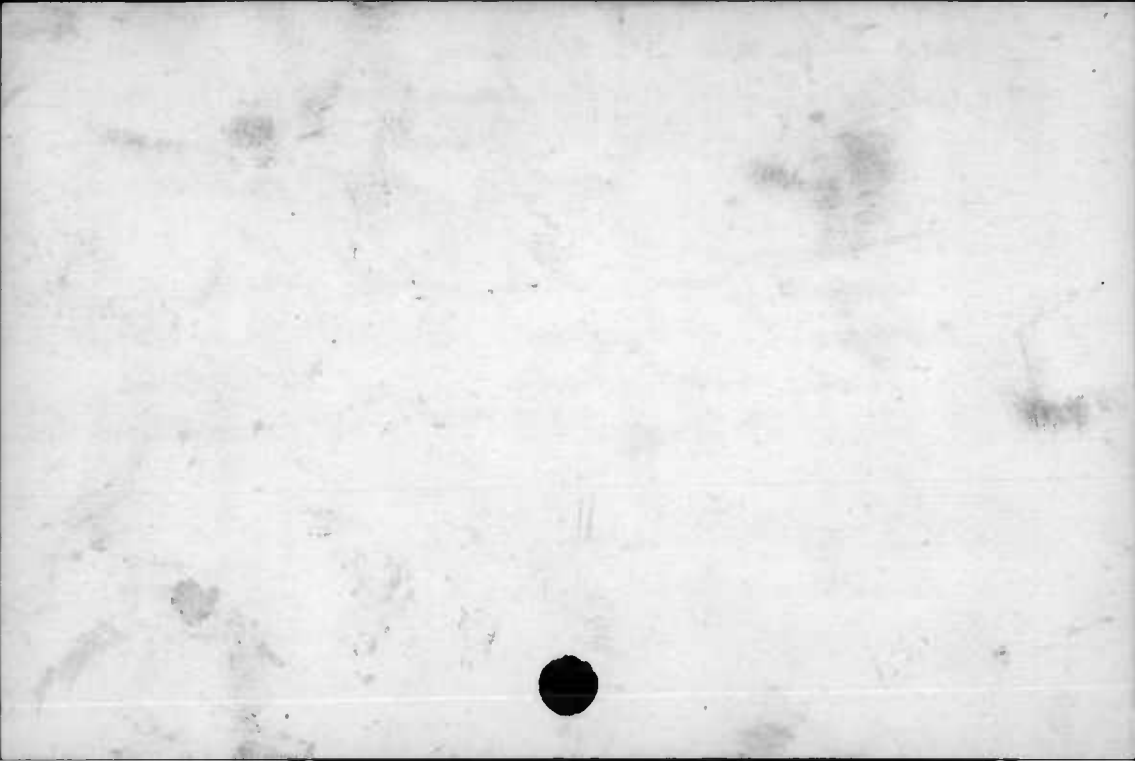
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cottage Grove</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>11</i>	Age <i>60</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Sum. Co. Md.</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Married</i>	Name of Wife - <i>Elizabeth Dwyer</i>				
Father's Name <i>Esq. F. Dwyer</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Hester Ann Dwyer</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>J. H. Powell</i>	How related to deceased <i>Brother-in-law</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Asthma</i>	How long <i>4 1/2</i>
Immediate <i>Sudden Collapse</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Sumner City</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Mary Grace Ewell		Town Crisfield		County Somerset		MARYLAND	
Died at		Date of death 1907 Jan 1		Age 42		Months — Days —	
Sex Female		Color or Race White		Birth place Balto, Md			
Occupation Housewife		Where Residing if not at place of death Crisfield, Md					
Married, Single or Widowed M.		Name of Wife or Husband A. Webster Ewell					
Father's Name Chas H. Kidd		Mother's Maiden Name Eliza Weeks		Father's Birthplace Balto Md		Mother's Birthplace Balto Md	
Name of person giving information A. Webster Ewell		How related to deceased Husband					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

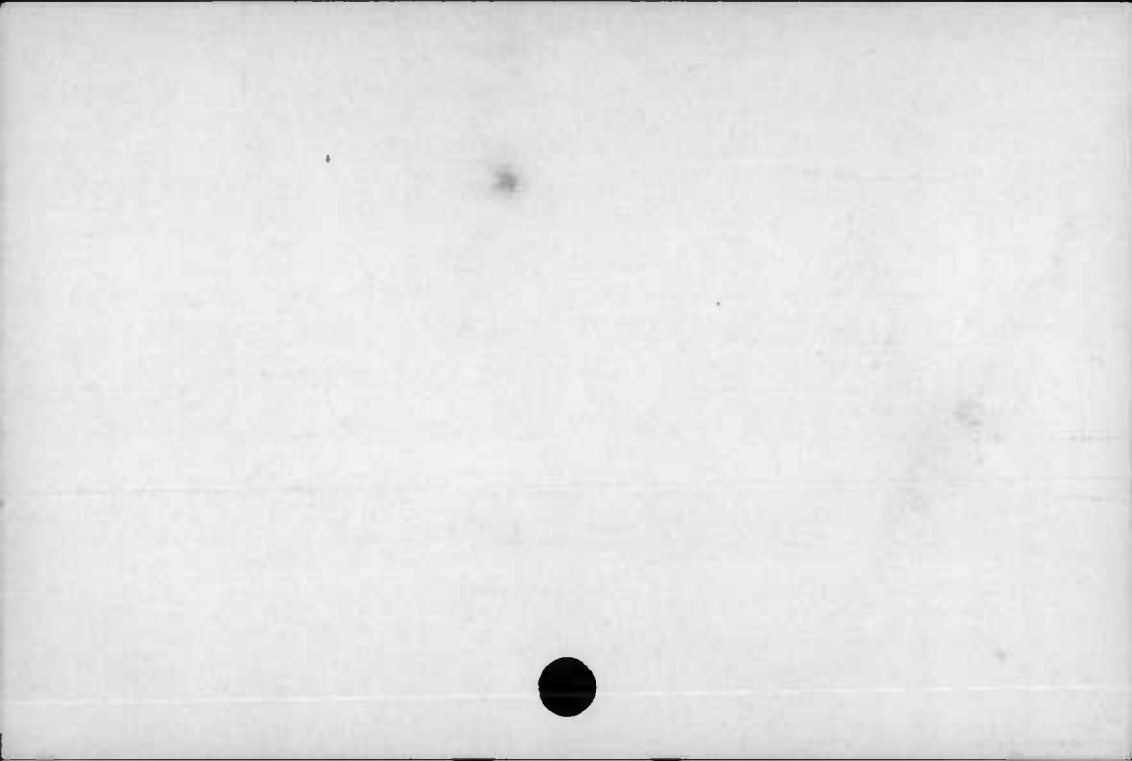
Signature of Physician

Address

How long

How long

Accident or Suicide?



Name
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Full

CERTIFICATE OF DEATH

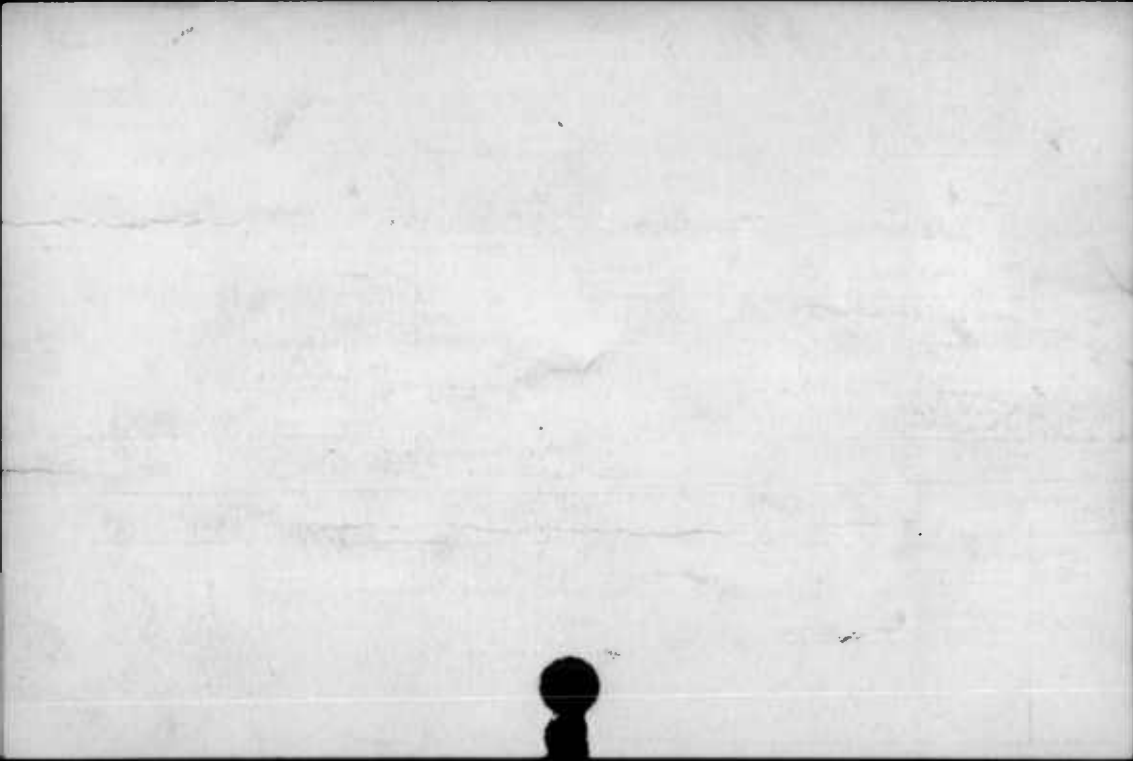
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1907		June		27	
Sex		Girl		Color or Race		Black	
Occupation				Birth-place		Hagerwell	
Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name		John Green		Father's Birthplace		St Mary's Co.	
Mother's Maiden Name		Linnie Jones		Mother's Birthplace		Somerset Co	
Name of person giving information		John Green		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis	How long	1 week
Immediate	Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. Ballantyne	
Address		Oxford	
Accident or Suicide?			



Name
in
Full

Merrin Standy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Quigo Cross</i> ^{Town}		County <i>Somerset</i>		MARYLAND	
Date of death	1907	Month	1	Day	18
Age		Years		Months	
Sex <i>Female</i>		Color or Race <i>Brown</i>		Birth-place <i>ind</i>	
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>✓</i>			
Father's Name <i>Wm Standy</i>		Father's Birthplace <i>ind</i>			
Mother's Maiden Name <i>Isabel Gordon</i>		Mother's Birthplace <i>ind</i>			
Name of person giving information <i>Wm Standy</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

Primary *Cold (No Wt in alludone)* *90* How long *3 or 4 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

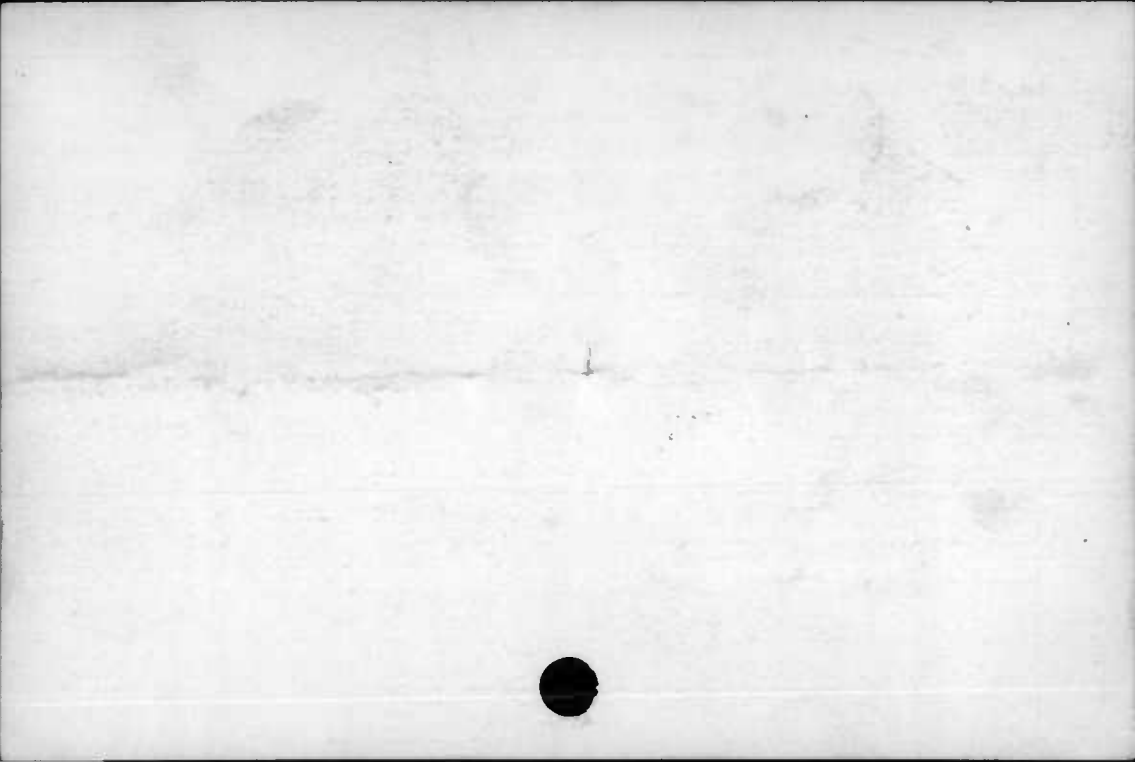
Address

J. Smith M.D.
Primer ind

Accident or Suicide?



Name in Full		Nannie Handy				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Farmington		Somerset					
		Date of death	1907	Month	Jan	Day	17	Age	27
		Sex	Female	Color or Race	Negro	Birth-place	Farmington	Months	
		Occupation	House work	Where Residing if not at place of death		Somerset Md			
		Married, Single or Widowed	Single	Name of Wife or Husband					
		Father's Name	Elzie Handy			Father's Birthplace	Farmington		
		Mother's Maiden Name	Kittie Handy			Mother's Birthplace	"		
		Name of person giving information				How related to deceased			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Infantary Pneumonia				How long	2 weeks	
		Immediate	"				How long	2 weeks	
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Dr E S Miles	
		Address		Farmington Somerset Md					
		Accident or Suicide?		no					



Name
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CERTIFICATE OF DEATH

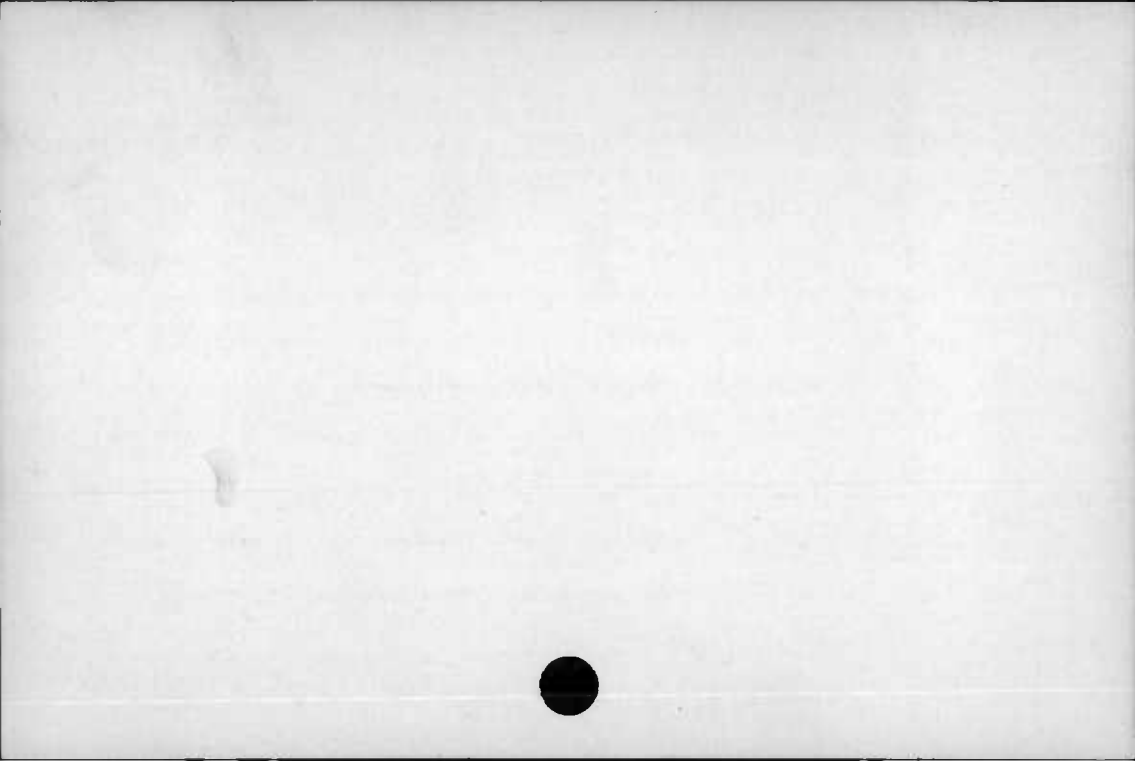
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nancy Harris</i>		County <i>Somerset</i>		MARYLAND	
Died at <i>Deal's Island.</i>		Town <i>Deal's Island.</i>			
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>22</i>	Age <i>84</i>	Years <i>84</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Deal's Island Md.</i>			
Occupation <i>Housewife</i>	Where Residing If not at place of death <i>Deal's Island Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Lemuel Harris</i>				
Father's Name <i>We don't know.</i>	Father's Birthplace <i>Maryland.</i>				
Mother's Maiden Name <i>Sally Handy</i>	Mother's Birthplace <i>Maryland.</i>				
Name of person giving information <i>William Harris</i>	How related to deceased <i>Son.</i>				

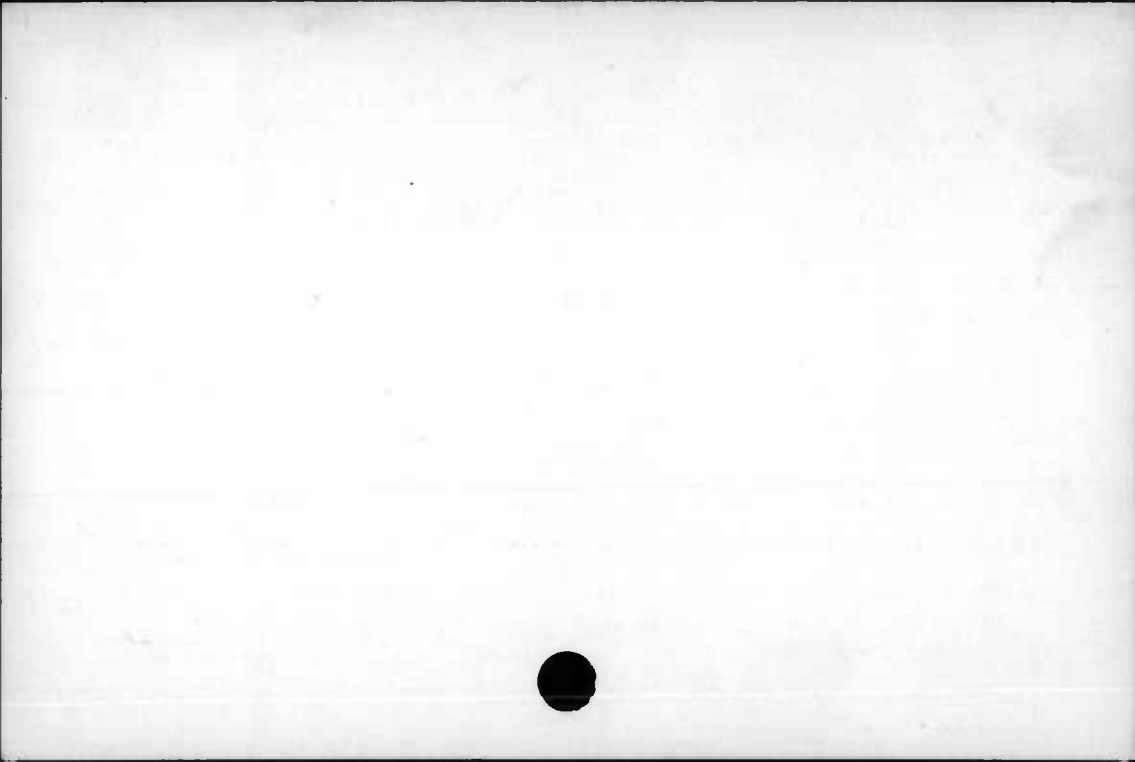
CAUSES OF DEATH

PHYSICIAN
OR CORONER

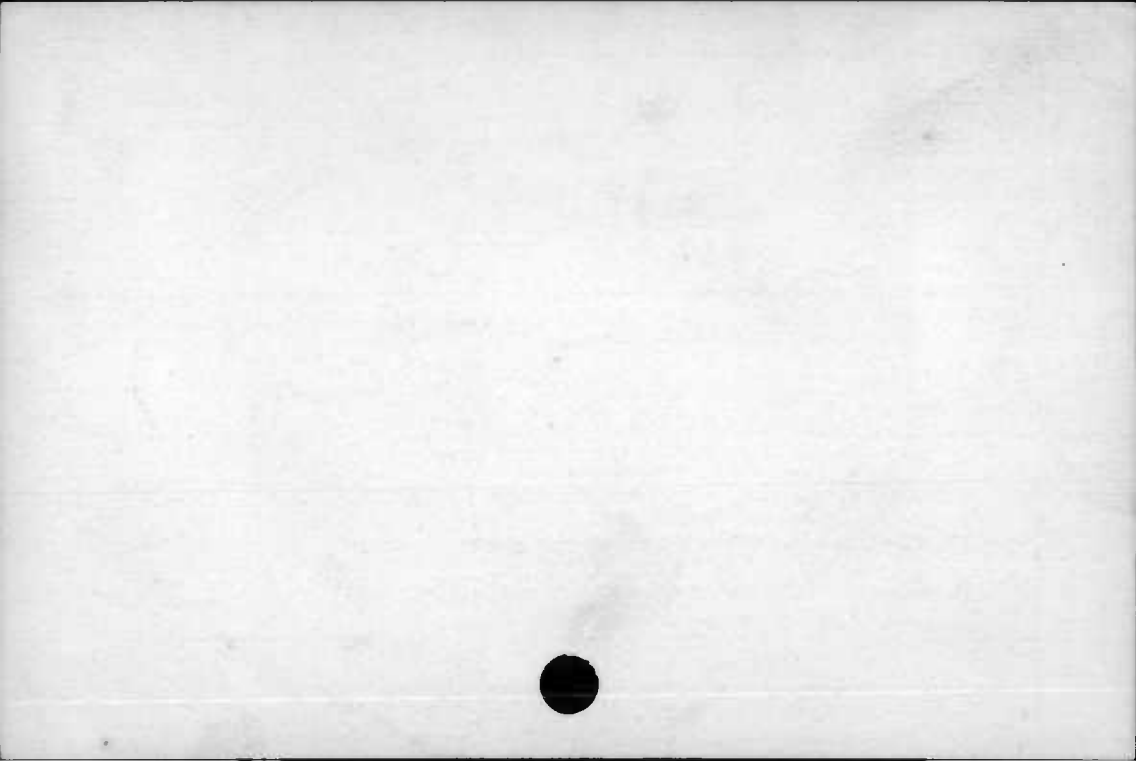
Primary <i>General Debility</i>	Old age <i>10 years</i>	How long <i>10 years</i>
Immediate <i>As theina</i>		How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. B. Harner</i>	Address <i>Local Board of health Deal's Island, Md.</i>
Accident or Suicide?		



Name in Full		Town		County		CERTIFICATE OF DEATH	
No name		Hayward		Somerset-		MARYLAND	
Died at		New Weesington		Age		8 Days	
Date of death		1907	Month 1	Day 29	Years	Months	8 Days
Sex		Female		Color or Race		Black	
Occupation		✓		Where Residing if not at place of death		✓	
Married, Single or Widowed		Single		Name of Wife or Husband		✓	
Father's Name		G. H. Hayward		Father's Birthplace		md	
Mother's Maiden Name		Maudie Hayward		Mother's Birthplace		md	
Name of person giving In formation		Leri Corbin		How related to deceased		md	
CAUSES OF DEATH							
Primary		Went - 1900 (No D ^e in attendance)				How long	
Immediate						How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		G. J. Smith M.D.	
				Address		P.O. Box md	
Accident or Suicide?							



Name in Full		Ella Heins				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Cottus				Somerset		
		Date of death		1907	Month	1	Day	12
		Age		Years	4	Months	9	Days
		Sex		Female		Color or Race		White
		Occupation		—		Birth-place		Md.
				Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name		S. Heins		Father's Birthplace		
		Mother's Maiden Name		Anna Drogemua		Mother's Birthplace		
		Name of person giving information		S. Heins		How related to deceased		
				Father				
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Pneumonia		How long		
		Immediate		Cardiac Analyses		5 days		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		J. H. Phillips		
		Address		Chesapeake City				
		Accident or Suicide?		attendance				



Name
in
Full

No Name Still Born Hoffman

CERTIFICATE OF DEATH

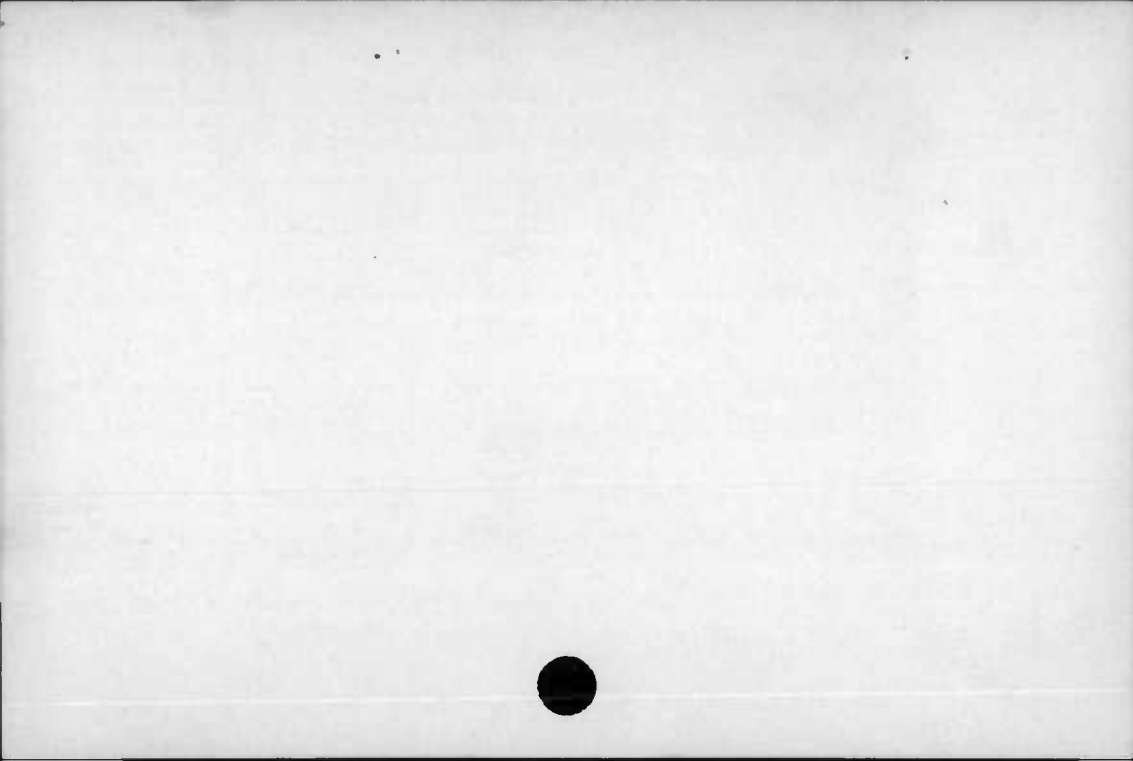
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deal's Island.</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death <i>1907 Jan</i>		Month <i>30</i>		Day <i>30</i>		Years <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>—</i>		Months <i>—</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>Maryland</i>		Birth-place <i>Maryland</i>		Days <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Prittiman Hoffman</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Sarah Cooksey</i>		How related to deceased <i>Father</i>		Name of person giving information <i>Prittiman Hoffman</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Born</i>	How long <i>—</i>
Immediate	<i>Still Born</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>No Physician Present</i>
Address <i>—</i>		Accident or Suicide? <i>—</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Virgie Elizabeth Howard</i>		Town <i>Maryland</i>		County <i>Dorchester</i>		MAYLAND	
Died at <i>Maryland</i>		Month <i>1</i>		Day <i>16</i>		Age <i>25</i>	
Date of death <i>1907</i>		Month <i>1</i>		Day <i>16</i>		Age <i>25</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>72</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Albert R. Howard</i>					
Father's Name <i>Seth Bell</i>		Father's Birthplace <i>72</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>72</i>					
Name of person giving information <i>Alonzo C Howard</i>		How related to deceased <i>Brother in law</i>					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>born</i>
Immediate <i>Exhaustion</i>	How long <i>1 hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Pennock City</i>
Accident or Suicide? <i>—</i>	

ON DEATH

AND

DEATH

Name
in
Full

Charles W. Jones

CERTIFICATE OF DEATH

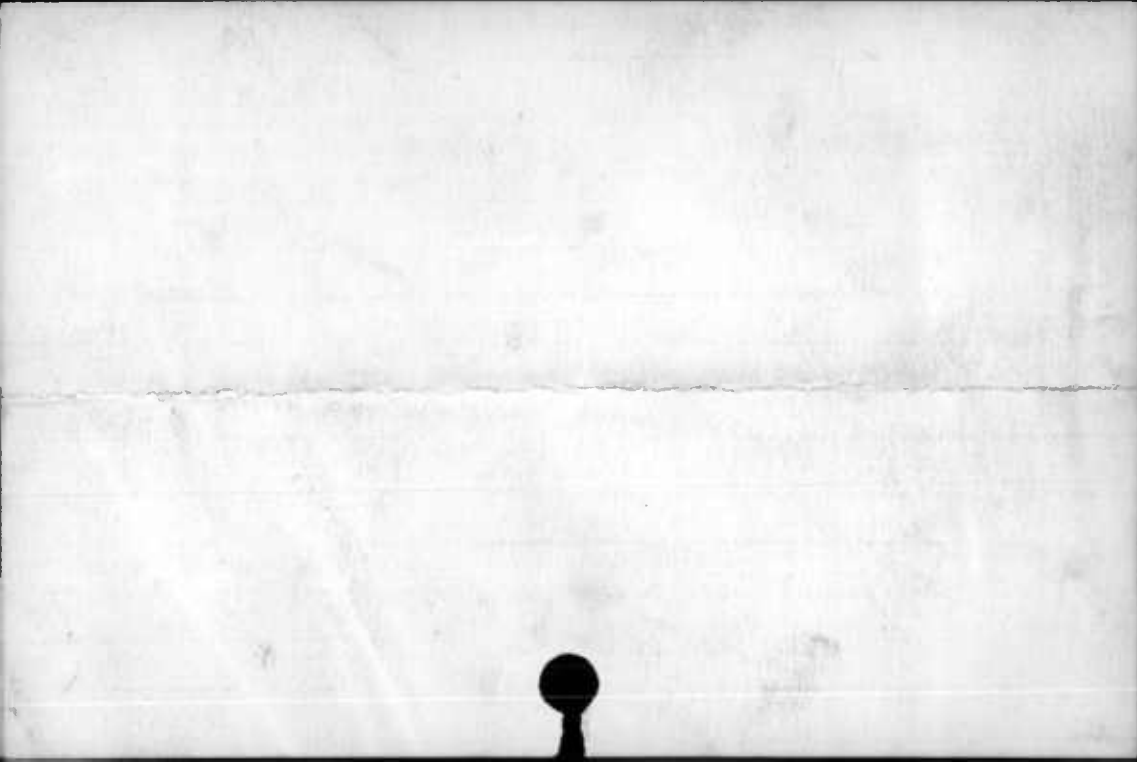
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int. Vernon</i> Town		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>26</i>	Age <i>44</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Int. Vernon</i>		
Occupation <i>Day laborer</i>	Where Residing if not at place of death <i>Int. Vernon</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Fannie Cooksey</i>				
Father's Name <i>Robert John Jones</i>	Father's Birthplace <i>Int. Vernon</i>				
Mother's Maiden Name <i>Bettie Ann Clark</i>	Mother's Birthplace <i>Deale, Prince Georges Co.</i>				
Name of person giving Information <i>George A. Bloodworth</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>unknown</i>	How long	<i>179</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Daniel W. Jones M.D.</i>
		Address	<i>Princeton Md.</i>
Accident or Suicide?	<i>Neither</i>		



Name in Full

Certificate of Death

Mabel V Jones
 Town _____ County _____

Died at *Edenboro Co* MARYLAND

Date 19*02* Jan *31* Age *25* - - - Native of *Sum Co* Occupation *Housekeeper*

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living _____

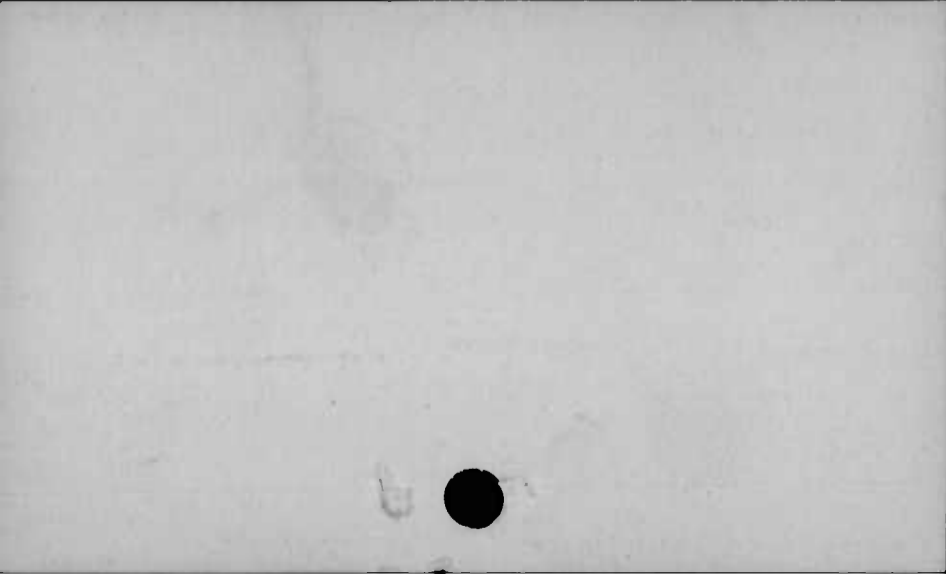
Husband of *Mrs V Jones* Mother's *John Blair* Maiden Name _____

Cause of Death { Primary *Pulmonary* How long sick *6 weeks*
 Immediate *Consumption* ~~Accident, Suicide, Homicide~~

Reported by *R. I. Long*

Address *Allen St. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hamilton N. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Chance* Town*Somerset* County

Date

of death

1907

Month

Jan

Day

4th

Age

Years

87

Months

Days

Sex

*Male*Color or
Race*White*Birth-
place*Somerset County*

Occupation

*Farmer*Where Residing if not
at place of death*Chance Md.*Married, Single
or Widowed*Married*Name of Wife or
Husband*Amonda Jones.*Father's
Name*do not know*Father's
Birthplace*Somerset Co.*Mother's
Maiden Name*"James"*Mother's
Birthplace*Somerset Co.*Name of person giving
information*James Jones Son*How related
to deceased*Son*

CAUSES OF DEATH

Primary

General debility

How long

Sick 4. years.

Immediate

How long

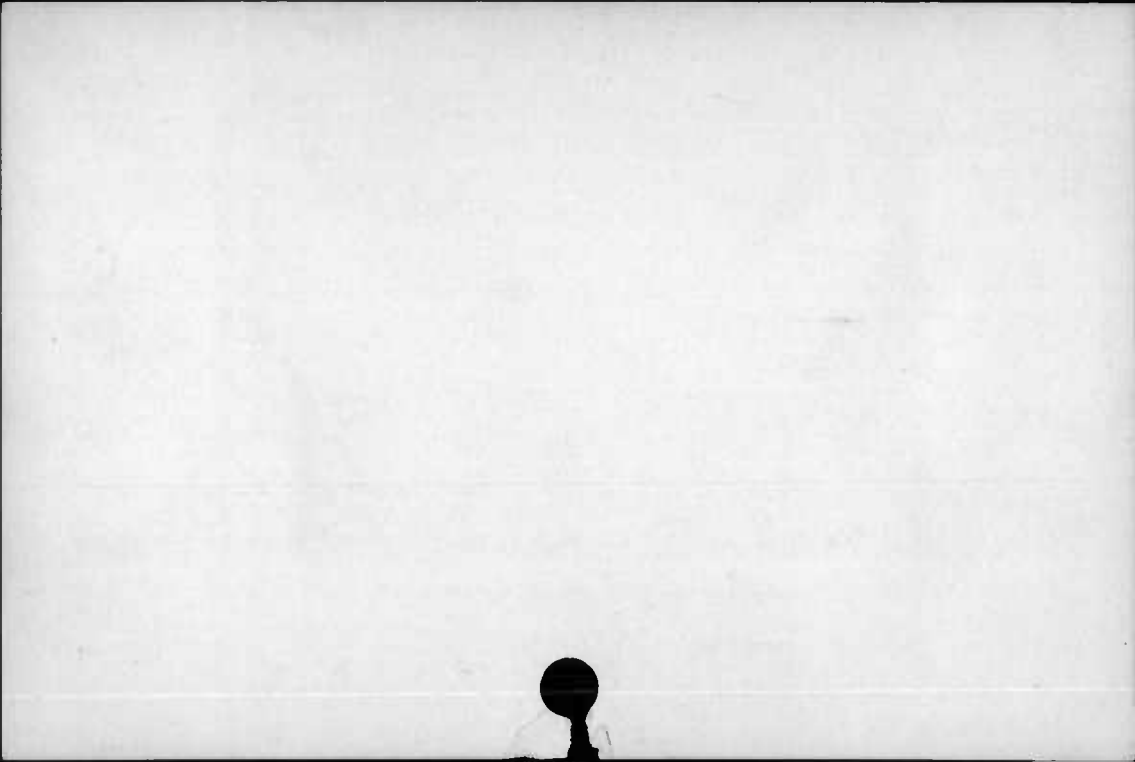
Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*None*

Address

*by Son James Jones
Geo. B. Jones, Local Board*

Accident or Suicide?

No.



Name
in
Full

McKinley Jones

CERTIFICATE OF DEATH

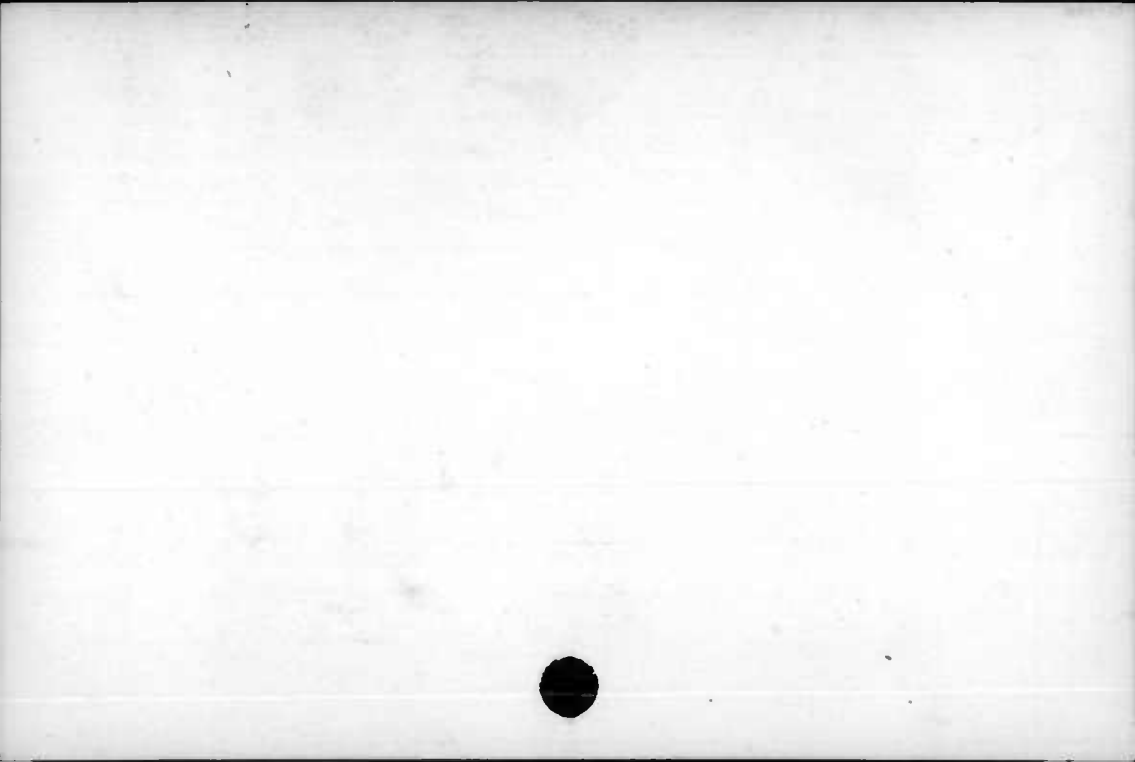
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sumner Quarter</i>		County <i>Somerset</i>		MARYLAND	
Date of death	1907	Month	Jan	Day	31	Years	11
Sex	Male	Color or Race	Caucasian		Birth-place	Som. Co.	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Peritonitis</i>	How long	<i>16</i>
Immediate	<i>asthenia</i>	How long	<i>mark</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>S. J. Windsor, M.D.</i>	
		Address	
		<i>Sumner Quarter, Somerset Co., Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

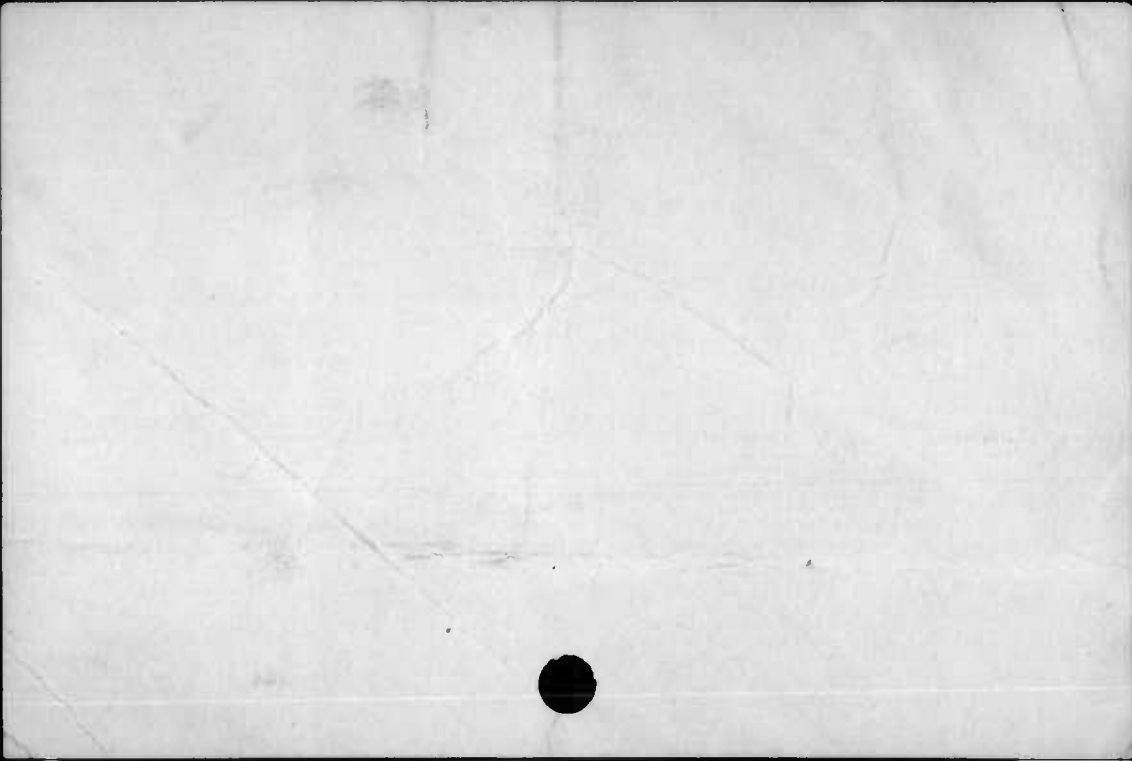
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Jan	30th			3	16
Sex		Color or Race		Birth-place			
Male		White		Som. G.			
Occupation				Where Residing if not at place of death			
—				—			
Married, Single or Widowed				Name of Wife or Husband			
—				—			
Father's Name				Father's Birthplace			
Wm. Kelly				Som. G.			
Mother's Maiden Name				Mother's Birthplace			
Bertha Wallace				Som. G.			
Name of person giving information				How related to deceased			
Wm. Kelly				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	



Name
in
Full

Wm. Moanin

CERTIFICATE OF DEATH

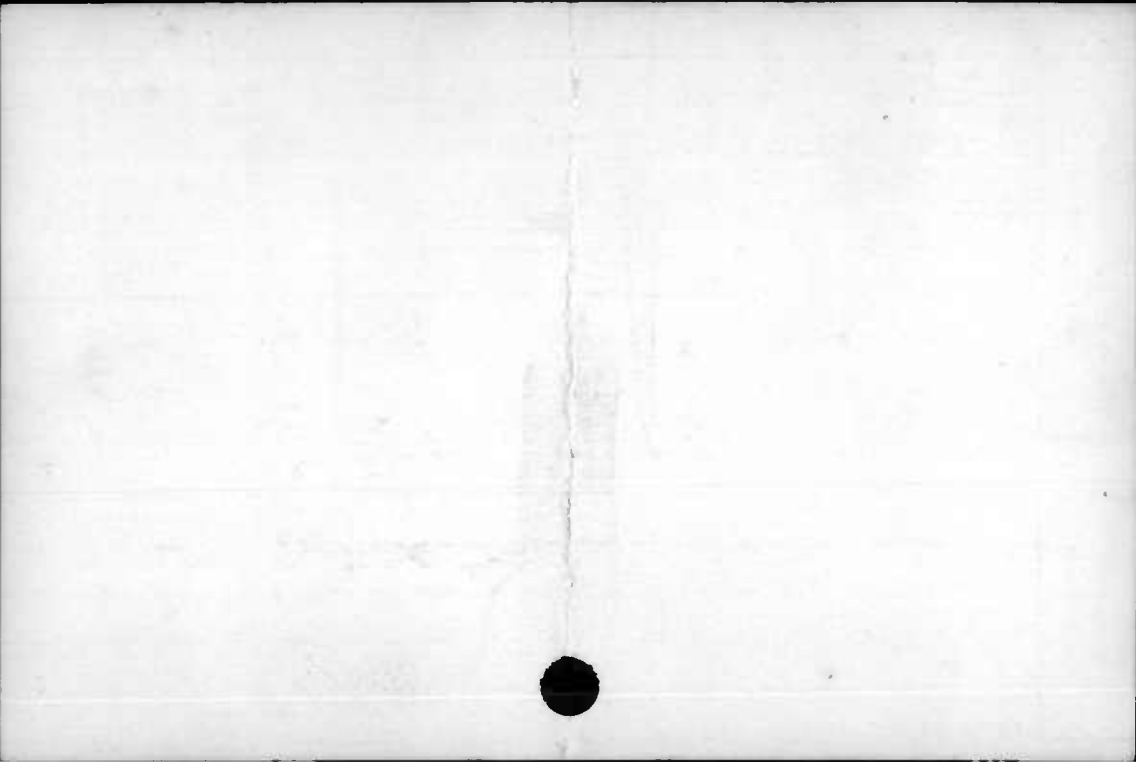
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Moanokin		County Som.		MARYLAND	
Date of death	1907	Month	1	Day	11	Age	41
Sex	Male		Color or Race	Col.		Birth-place	Cambridge
Occupation	Student			Where Residing if not at place of death Cambridge			
Married, Single or Widowed	Married		Name of Wife or Husband	Williamanna Lashford			
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Adelia Rish					Mother's Birthplace	Unknown
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary			How long	
Immediate	Phthisis Pulmonalis		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. W. Bell	
		Address	Moanokin, Md.	
Accident or Suicide?				



Name
in
Full

Rena Parks

CERTIFICATE OF DEATH

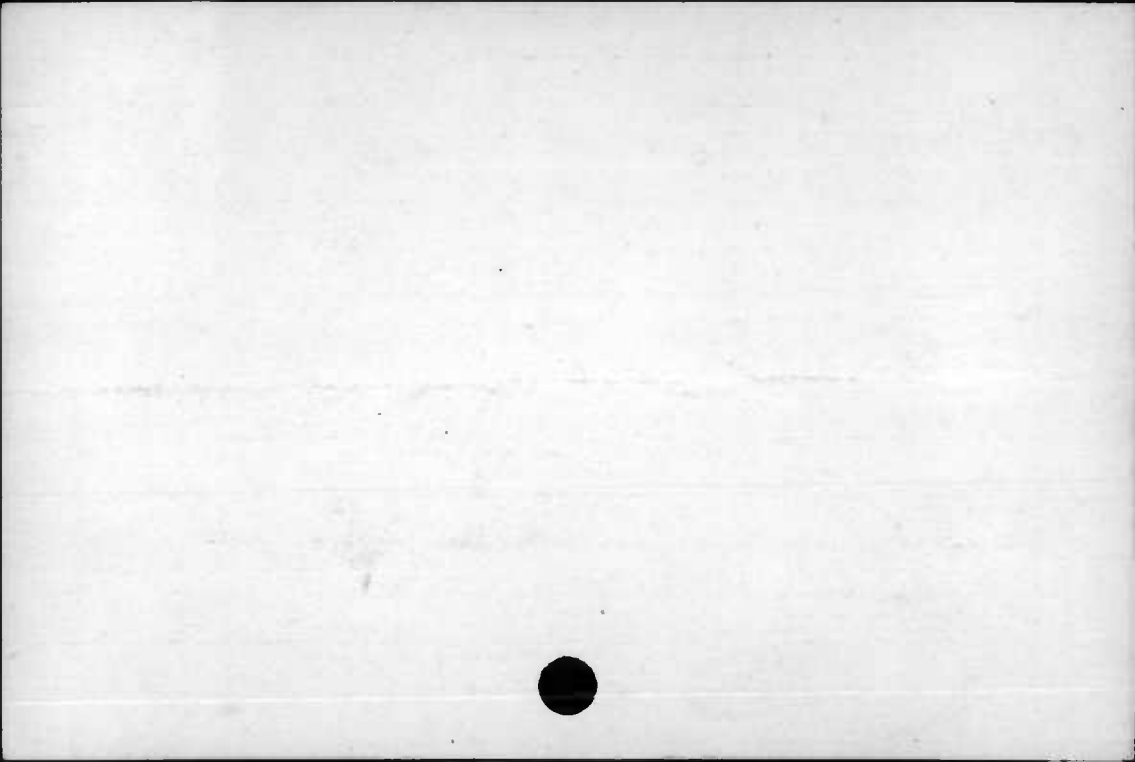
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fairmount</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death	1907	Month	January	Day	23 rd
Age	26	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Fairmount
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife Husband		<i>Severn Parks</i>		
Father's Name	<i>Wm Walston</i>		Father's Birthplace	<i>Fairmount</i>	
Mother's Maiden Name	<i>Mary E Gardner</i>		Mother's Birthplace	<i>Manokin Md</i>	
Name of person giving Information	<i>May Walston</i>		How related to deceased	<i>Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>A few hours</i>
Immediate	<i>Heart-Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>G. E. Dickinson</i>
		Address	<i>Upper Fairmount Md.</i>
Accident or Suicide?			



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Town <i>Wm Westover</i>		County <i>Somerset</i>				
		Died at		MARYLAND				
		Date of death	1907	Month 1	Day 24	Age Years	Months 11	Days
		Sex <i>Male</i>	Color or Race <i>Beaver</i>		Birth- place <i>md</i>			
		Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>				
		Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>✓</i>					
		Father's Name <i>John Robinson</i>		Father's Birthplace <i>md</i>				
		Mother's Maiden Name <i>Mrs. C. C. Johnson</i>		Mother's Birthplace <i>md</i>				
Name of person giving Information <i>John D. Smith</i>		How related to deceased <i>md</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary <i>Cold</i>		How long <i>10 days</i>				
		Immediate <i>Aspirin</i>		How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. D. Smith (No Dr. in attendance)</i>				
		Address <i>md</i>						
		Accident or Suicide?						



Name
in
Full

Sarah E. Scatt.


CERTIFICATE OF DEATH

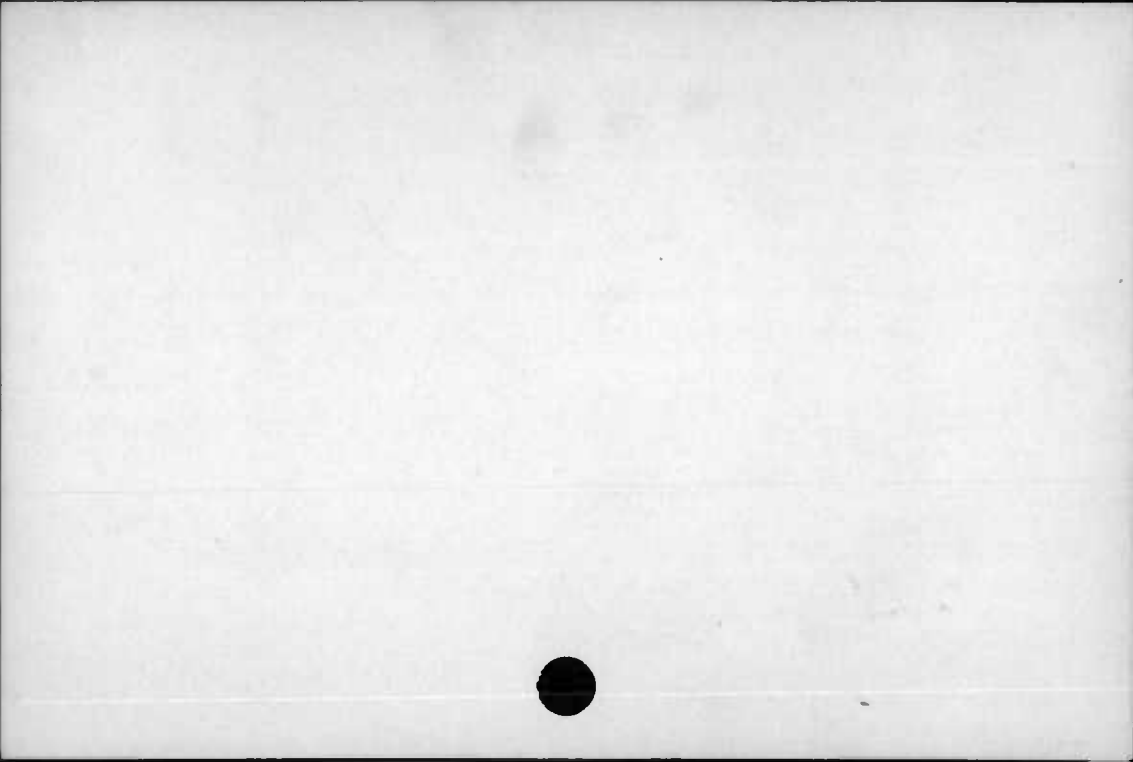
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Deal's Island		Somerset		MARYLAND	
Date of death		1907	Jan	30 th	Age	84	Months — Days —
Sex		Female		Color or Race		white	
Occupation		House wife		Where Residing if not at place of death		at home Deal's Island Md.	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Major Scatt.	
Father's Name		Jacob Webster		Father's Birthplace		Deal's Island Md.	
Mother's Maiden Name		Sarah Thomas		Mother's Birthplace		Deal's Island Md.	
Name of person giving information		Thomas F. Warner		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General Debility old age.	How long	6 Months
Immediate	Heart failure, Apoplexy.	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		died without a Physician Address: Geo. B. Warner Local Board of Health Deal's Island Md.	
Accident or Suicide?			



Name
in
Full

William O. Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Deals Island.</u>		Town <u>Somerset</u>		County <u>Maryland</u>	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>21</u>	Age <u>34</u>	Years <u>34</u>	Months <u>-</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation <u>Lumber Dealer</u>		Where Residing if not at place of death <u>Mount Vernon</u>			
Married, <u>Single</u> or <u>Widowed</u>		Name of Wife or Husband <u>Unknown</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Plumer Turner</u>		How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Drowned.</u>	How long <u>172</u>
Immediate <u>Drowned</u>	How long <u>Support 15 Minutes</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Geo. B. Turner, Sub. Reg.</u>
<u>Faint & Buried</u>	Address <u>Deals Island Md.</u>
Accident or Suicide? <u>March 30-1907</u>	

His Mon was Drowned. Jan 21
1907 & found and Buried
March 30 - 1907

Geo. B. Comer Sub Reg.

Name
in
Full

Sarah C Tyler

CERTIFICATE OF DEATH

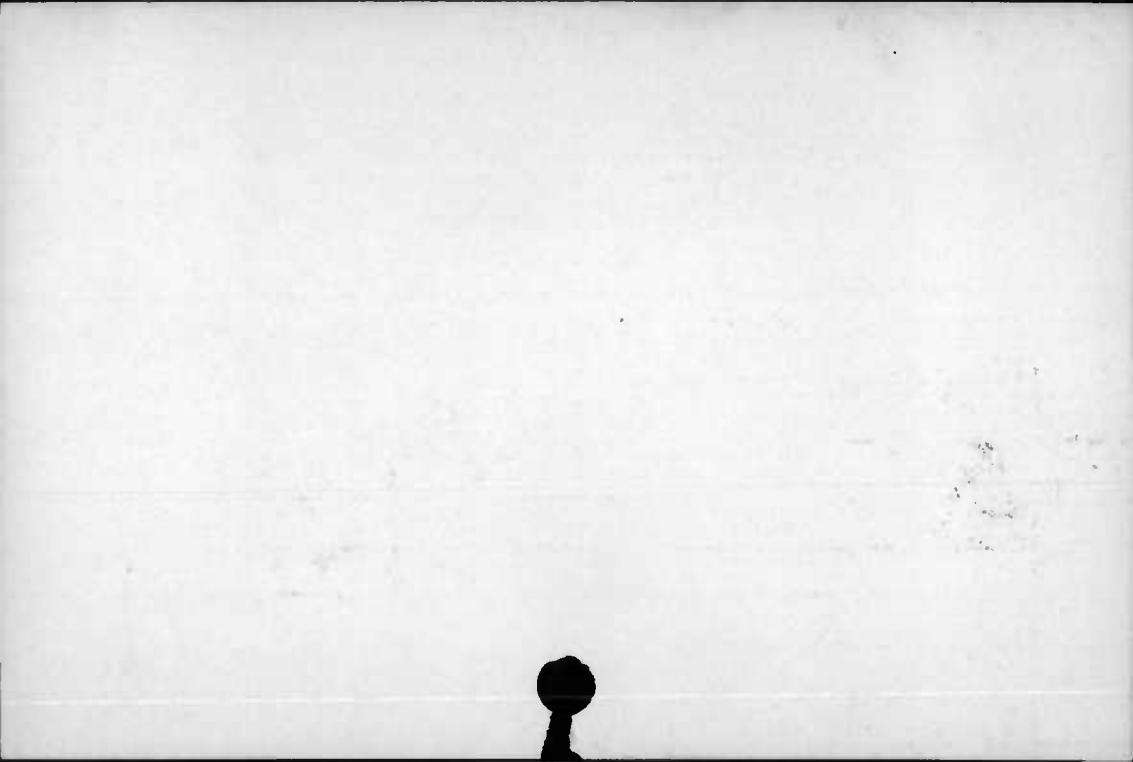
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tylerton</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death	1907	Month	Jan.	Day	29
Age		Years		Months	Days
76					
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Smith's Island</i>				
Occupation	<i>Housework</i>		Where Residing if not at place of death		
<i>Married, Single or Widowed</i>		Name of Wife or Husband			
<i>Married</i>		<i>Alexandra D. Tyler</i>			
Father's Name	<i>Labian Evans</i>			Father's Birthplace	<i>Smith's Island</i>
Mother's Maiden Name	<i>Salla Parks</i>			Mother's Birthplace	<i>not known</i>
Name of person giving information	<i>Edward P. Tyler</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>17 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes.</i>		<i>R. H. Pinner</i>	
As far as I know		Address	
		<i>Cowell, Md</i>	
Accident or Suicide?			



Name Full		Thomas Ward Jr				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town		Somerset		County		
		Maryland						
		Date of death		1907	Month January	Day 18	Age 14	Years
		Sex male		Color or Race		black		Birth- place
		Occupation		opstiman		Where Residing if not at place of death		Fairmount
Married, Single or Widowed		Single		Name of Wife or Husband		Not married		
Father's Name		Thomas Ward		Father's Birthplace		Fairmount		
Mother's Maiden Name		Annie Waters		Mother's Birthplace		Fairmount		
Name of person giving In formation		Joseph Maddox		How related to deceased		Cousin		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Accidental Shooting		How long		
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		Dr. E. B. Myers		Upper Fairmount		
Accident or Syndrome?		Accident		Somerset Co. Md.				



J. W. Landon

Landonville

Ind

Name
in
Full

Maria Waters

CERTIFICATE OF DEATH

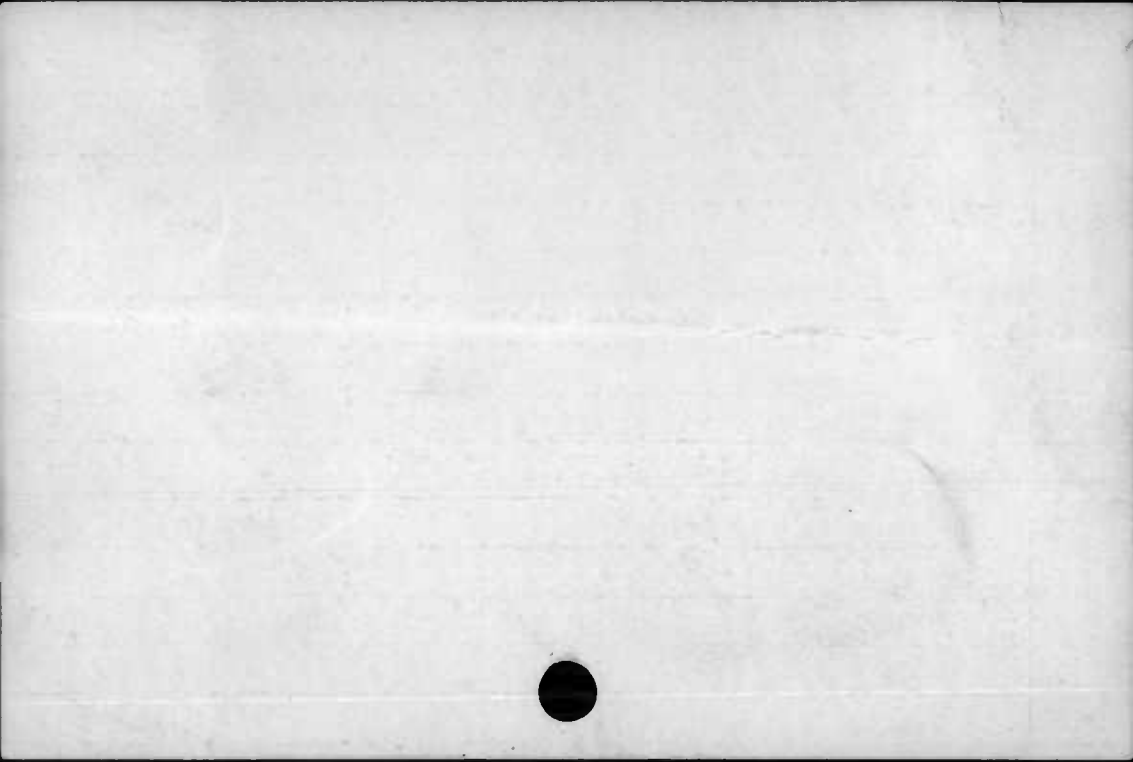
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Upper Fairmount		Somerset		County		MARYLAND	
Date of death 190		7	Month	29 th	Day	80	Years	Months	Days
Sex		Female		Color or Race		Black		Birth-place	
Married, Single or Widowed		Widow		Occupation		Housework			
Name of Wife or Husband		John Waters (dead)							
Father's Name		Caesar Sudler					Father's Birthplace		Somerset Co
Mother's Name		Charlotte Sudler					Mother's Birthplace		Somerset Co
Name of person giving information		A. M. Waters					How related to deceased		Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Gastritis	How long	4 Days
Immediate	Acute Gastritis	How long	4 Days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		G. E. Dickinson	
Address		Upper Fairmount Md	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

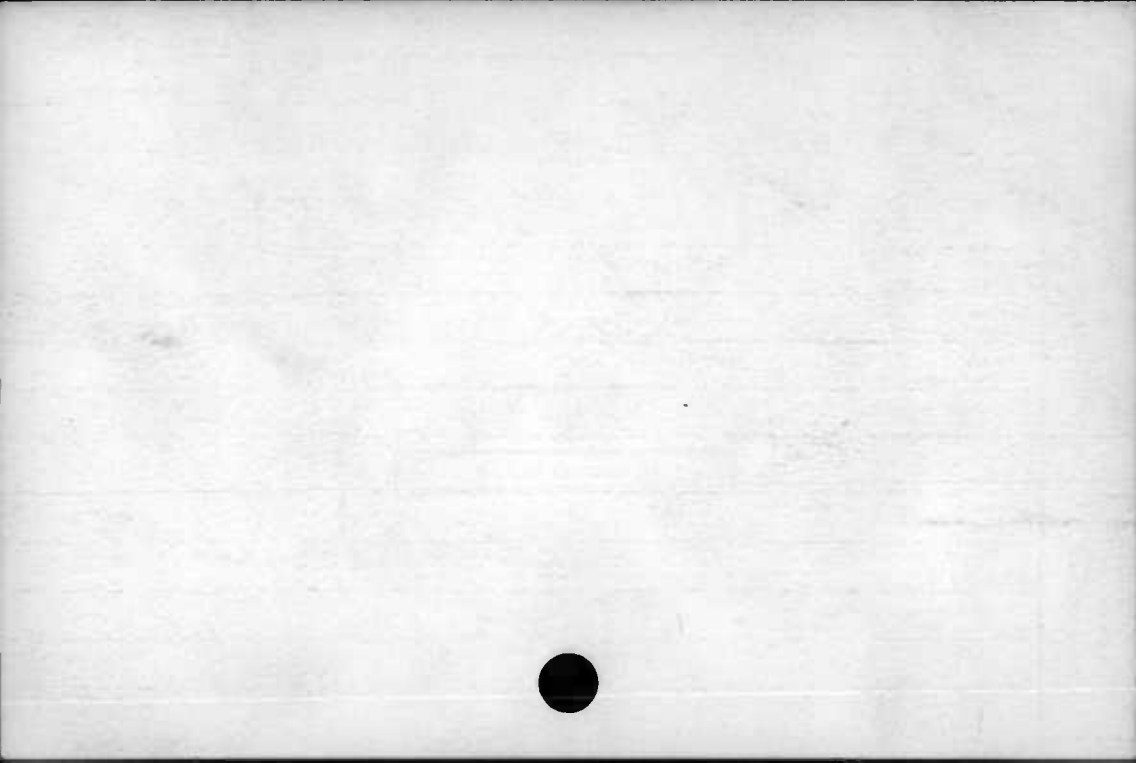
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Burrageard Hilley* Town *near Allen* County *Somerset*Date of death *1907* Month *Jan* Day *4* Age *18* Years Months DaysSex *Male* Color or Race *White* Birth-place *Eden, Somerset*Occupation *Farmer* Where Residing if not at place of death *Somerset Co*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Geo W Hilley* Father's Birthplace *Dorchester Co*Mother's Maiden Name *Martha Chatham* Mother's Birthplace *Wic Co*Name of person giving information *Father* How related to deceased

CAUSES OF DEATH

Primary *Tuberculosis* How long *3 yrs*Immediate *27* How long *3 yrs*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. B. Long*Address *Allen*Accident or Suicide? *No*



Name
in
Full

Chas R Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Deal Island</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Year}		<u>Jan</u> ^{Month}	<u>26</u> ^{Day}	<u>5</u> ^{Years}	<u>—</u> ^{Months}
Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Virginia</u>	
Occupation <u>Luncheonman</u>		Where Residing if not at place of death <u>MS-Vermore</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Thos J Williams</u>		Father's Birthplace <u>Va</u>			
Mother's Maiden Name <u>Don't Know</u>		Mother's Birthplace <u>Va</u>			
Name of person giving information <u>Strangle Williams</u>		How related to deceased <u>Half Brother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Drowning</u>	How long <u>X</u>
Immediate <u>Drowning</u>	How long <u>Supposed 15 Minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo B Horner Sub. Reg.</u>
<u>Found & Buried March 27.</u>	Address <u>Deal's Island, Md.</u>
Accident or Suicide? <u>X 1907</u>	

This Man Chas R. Williams was
drowned on Jan 21 - 1907, and
was found and Buried March 30th
1907.

Geo B. Foster Sub Reg